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TRANSMITTAL LETTER

FILED

00 JUL 31 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-08/01/00--01006--023
*****87.50 *****87.50

SUBJECT:

GET PAID INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ~~GET~~ TED NAVOLIO

Name (Printed or typed)

24 HIBISCUS DR

Address

ORMOND BY THE SEA

City, State & Zip

32176

904-441-5114

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

GET PAID INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 0703
ORMOND BEACH FL 32175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING AND
ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

THEODORE NAVOLIO
BOX 0703
ORMOND BEACH FL. 32175

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAVE ROSE
24 HIBISCUS DR.
ORMOND BEACH FL. 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THEODORE NAVOLIO
BOX 0703
ORMOND BEACH FL 32175

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Dave Rose
Signature/Registered Agent

7/26/2000
Date

Theodore L. Navolio
Signature/Incorporator

7/26/2000
Date